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## BIB DATA SHEET

CONFIRMATION NO. 5190

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/782,451	02/19/2004 RULE	433	3732	IVd15US		
<b>APPLICANTS</b> Hans-Peter Foser, Balzers, LIECHTENSTEIN; Urs Spirig, Balzers, LIECHTENSTEIN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> GERMANY P 103 48 369.1 10/17/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/14/2004						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /MICHAEL ROBERT BALLINGER/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> LIECHTENSTEIN	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> John C. Thompson 69 Grayton Road Tonawanda, NY 14150 UNITED STATES						
<b>TITLE</b> Dental restoration and a method for producing a dental restoration						
<b>FILING FEE RECEIVED</b> 932	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		